



COMMONWEALTH of VIRGINIA

DEPARTMENT OF

MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

JAMES S. REINHARD, M.D.
COMMISSIONER

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Voice/TDD (804) 371-8977
www.dmhmr/sas.state.va.us

May 30, 2006

ADDENDUM NO. 2 TO ALL OFFERORS:

Reference: Request for Proposal; - #720C-04050-06M
Title: Nursing Home Pre-Admission Screening and Resident Review (PASRR) Services
Dated: April 26, 2006
RFP Due: June 15, 2006 - 3:00 PM EST

The above referenced Request for Proposal is hereby amended as follows:

Please **add** to Section 8.0 (General Terms and Conditions), Number 8.17 as follows (changes and additions **italicized and underlined**):

Note: In addition, various Professional Liability/Errors and Omissions coverages are required when soliciting those services as follows:

Profession/Services

Health Care Practitioner (to include Dentists, Licensed Dental Hygienists, Optometrists, Registered or Licensed Practical Nurses, Pharmacists, Physicians, Podiatrists, Chiropractors, Physical Therapists, Physical Therapists Assistants, Clinical Psychologists, Clinical Social Workers, Professional Counselors, Hospitals, or Health Maintenance Organizations.)

Limits \$1,800,000 per occurrence, \$3,000,000 aggregate

Limits increase each July 1 through fiscal year 2008 as follows:

July 1, 2006 - \$1,850,000
July 1, 2007 - \$1,925,000
July 1, 2008 - \$2,000,000

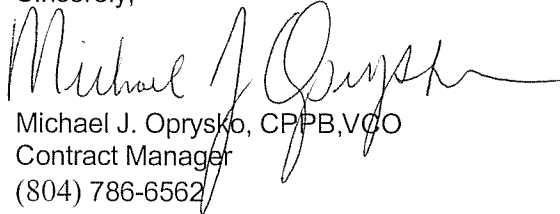
This shall comply with §8.01-581.15 of the Code of Virginia throughout the life of the contract.

ADDENDUM NO. 2 TO ALL OFFERORS:

Reference: Request for Proposal; - #720C-04050-06M

Title: Nursing Home Pre-Admission Screening and Resident Review (PASRR) Services

Sincerely,



Michael J. Oprysko, CPPB, VOO
Contract Manager
(804) 786-6562

Please have an authorized representative sign and date below and return with your proposal:

Signature: _____ Print Name: _____

Date: _____

Company Name: _____

Title: _____